

# Mohawk College Residence Cancellation / Withdrawal Request Form

Residence cancellations and/or withdrawals will not be granted until this form has been received. This form must be submitted to the Front Desk by students **at least 5 business days** before the desired date of cancellation/withdrawal. Staff will contact the student to follow up with this request. Students are advised to read and review the **Termination and Cancellation section of the Student Residence Agreement (SRA)** prior to submitting this request, which can be found at: [www.mohawkrez.ca](http://www.mohawkrez.ca). Cancellations, withdrawals, and refunds will be granted in accordance with these policy statements.

## STEP 1: PERSONAL INFORMATION

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Date     /     /     Anticipated Date of Withdrawal     /     /     Student Number \_\_\_\_\_  
MM DD YY MM DD YY

Mobile / Day Time Phone Number \_\_\_\_\_ Room Number \_\_\_\_\_  
(country code) (area code)

Email \_\_\_\_\_

## STEP 2: REASON FOR WITHDRAWAL

I am:  **cancelling my application to live in residence** (I have not yet moved in to residence), OR  
 **withdrawing from residence** (I currently live in residence)

Please indicate your reasons for cancelling/withdrawing. Check **ALL** that apply. Please note, supporting documentation may be requested.

- |  |  |
|--|--|
| <input type="checkbox"/> Academics – withdrawing from the College/University | <input type="checkbox"/> Graduating / Program conclusion |
| <input type="checkbox"/> Accepting admittance at another College/University  | <input type="checkbox"/> Medical                         |
| <input type="checkbox"/> Career – change in career plans                     | <input type="checkbox"/> Moving off campus               |
| <input type="checkbox"/> Co-Op / Work placement outside of the City          | <input type="checkbox"/> Personal                        |
| <input type="checkbox"/> College/University experience                       | <input type="checkbox"/> Residence experience            |
| <input type="checkbox"/> Financial – cost of residence, tuition, etc.        | <input type="checkbox"/> Other (Explain) _____           |

By signing this form you are indicating that you wish to either: (a) cancel your application to live in residence, or (b) you wish to terminate your residence contract and move out of residence. By signing this form you are also indicating that you have read and understand the SRA and the Termination and Cancellation Policy.

I agree that I have read and understand the SRA and the Termination and Cancellation Policy Date     /     /      
MM DD YY

## STEP 3: OVERALL SATISFACTION QUESTIONS

Please indicate your overall satisfaction with your residence experience:

- Very Satisfied  Satisfied  Neither Satisfied or Dissatisfied  Dissatisfied  Very Dissatisfied

Please indicate your overall satisfaction with your college experience outside of the residence:

- Very Satisfied  Satisfied  Neither Satisfied or Dissatisfied  Dissatisfied  Very Dissatisfied

Is there anything we could do differently to improve your overall satisfaction with your experience in residence or at the College/University?

\_\_\_\_\_

Is there anything we could do to encourage you (or help you) stay in residence for the remainder of the semester/year?

\_\_\_\_\_

## OFFICE USE ONLY

Withdrawal letter received:     /     /     Received by (Manager) \_\_\_\_\_  
MM DD YY

Student contacted:  Yes  No Refund processed:  Yes

Date student contacted:     /     /     Date refund processed:     /     /      
MM DD YY MM DD YY

Confirmed cancellation/move-out date:     /     /      
MM DD YY

Reservation Number: \_\_\_\_\_

**STUDENT NAME & ID**

BANNER NUMBER \_\_\_\_\_

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

**REASON FOR REFUND REQUEST:**



Note: There is no refund unless you withdraw from the College. Refunds will be prorated based on the number of days remaining in 'meal plan days' or the remaining balance on your meal plan, whichever one is lower. Meal Plan refundable amounts will be applied to any outstanding balances on your student account, where applicable. A \$50 administration fee will be deducted from refund amounts issued.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CLC OFFICE USE ONLY:**

**Amount outstanding for residence fees:** \$ \_\_\_\_\_

**Authorization for Meal Plan Refund:**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**ONE-CARD OFFICE USE ONLY:**

A. Current balance on meal plan A \$ \_\_\_\_\_

B. Pro-rated Amount = original amount x percentage  
Pro-rated based on # days remaining in meal plan

$$\frac{\text{DAYS REMAINING}}{\text{TOTAL DAYS}} = \text{PERCENTAGE REMAINING} \% \times \$ \text{ORIGINAL AMOUNT OF MEAL PLAN} = \text{B } \$ \text{_____}$$

**Meal plan refund is lesser of A or B** Refund \$ \_\_\_\_\_

Authorization: \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACCOUNTING OFFICE USE ONLY:**

Residence Meal Plan Refund Amount	\$ _____	MPRV
Less: BALANCE OWING ON STUDENT ACCOUNT	\$ _____	
Less: Outstanding Residence Fees	\$ _____	RSFE
Less: Administration Fee	\$ 50.00	ONAF
Net to be refunded	\$ _____	RFND

Authorization: \_\_\_\_\_ **Date:** \_\_\_\_\_